

**State of California
Office of Administrative Law**

In re:
Department of Public Health

Regulatory Action:

Title 17, California Code of Regulations

Adopt sections:
Amend sections: 6540
Repeal sections:

**NOTICE OF FILING AND PRINTING ONLY
OF EMERGENCY REGULATION(S) OR
ORDER(S) OF REPEAL**

Government Code Section 11343.8

OAL Matter Number: 2016-0630-03

**OAL Matter Type: Emergency File and Print
Only (EFP)**

This deemed emergency file and print action, which is exempt from OAL review, amends the prenatal screening program fees. Although statute authorizes the Department of Public Health (DPH) to file directly with the Secretary of State, the Office of Administrative Law offered to process this action on behalf of DPH as an Emergency File & Print action

OAL filed these emergency regulations with the Secretary of State, and will publish the emergency regulations in the California Code of Regulations.

Date: July 1, 2016



**Mark Storm
Senior Attorney**

For: Debra M. Cornez
Director

Original: Dr. Karen Smith
Copy: Laurel Prior

NOTICE PUBLICATION/REGULATIONS SUBMISSION

EMERGENCY

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS Z-	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2016-0630-03EFP
For use by Office of Administrative Law (OAL) only		2016 JUN 30 P 3:43 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	

ENDORSED - FILED
In the office of the Secretary of State of the State of California

JUL -1 2016
1:33 PM

AGENCY WITH RULEMAKING AUTHORITY
California Department of Public Health

AGENCY FILE NUMBER (if any)
DPH-16-016-E

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Prenatal Screening Fee Increase	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 6540
TITLE(S) 17	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>Emergency Regs HSC Sec. 124977(d)</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <u>Emergency Regs HSC Sec. 124977(d)</u>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) per agency request	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Laurel Prior, Regulations Coordinator	TELEPHONE NUMBER (916) 440-7673	FAX NUMBER (Optional) (916) 440-5747	E-MAIL ADDRESS (Optional) lprior@cdph.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 6/30/16
TYPED NAME AND TITLE OF SIGNATORY Sherrie Lowenstein, Assistant Chief Counsel	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 01 2016

Office of Administrative Law

Title 17. Public Health
Division 1. State Department of Health Services
Chapter 4. Preventive Medical Service
Subchapter 9. Testing for Heritable Disorders
Group 5. Prenatal (Multiple Marker) Testing Program
Article 4. Prenatal Screening Fee Collection (Refs & Annos)

Amend Section 6540. to read:

§ 6540. Program Participation Fee.

The all-inclusive program participation fee for maternal serum alpha fetoprotein and one or more additional markers used for screening for NTD and Down Syndrome, shall be ~~\$207~~221.60. The fee shall be paid to the Department by the woman being tested or by any third party which is legally responsible for her care including any health care service plan, managed health care plan, managed care plan, prepaid health plan or prepaid group practice health care service plan as defined in or licensed in accordance with Health and Safety Code Section 1340 et seq.

Note: Authority cited: Sections 124977, 124996, 125000, 125055, 125070 and 131200, Health and Safety Code. Reference: Sections 124996, 125000(b), 125000(f), 125001, 125050, 125060, 125065 and 131052, Health and Safety Code.